

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-879)

APPL. NO.
09/530818

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			3		4		5	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3		3		3								
TOTAL DEP.	15		13		3								
TOTAL CLAIMS	18		16		6								
51													
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TOTAL IND.													
TOTAL DEP.													
TOTAL CLAIMS													

1 of 2

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

CLAIMS ONLY

SERIAL NO.

9/530818

FILING DATE

APPLICANT(S)

2-24-05

CLAIMS

	AS-PRIED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	3					
TOTAL DEP.	3					
TOTAL CLAIMS	6					

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

2 of 2

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS